

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

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OMB NO.: 0938-

State: NEVADA

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(a)(10)  
(A)(ii)(VIII)  
of the Act

XX

8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--

a. Was eligible for Medicaid under the State's approved Medicaid plan; or

b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

—	21
—	20
<u>XXX</u>	19
—	18

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TN No. 87-2

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B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.223 ☒

9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:

1902(a)(10)  
(A)(ii) and  
1905(a) of  
the Act

N/A

___	Individuals under the age of--
___	21
___	20
___	19
___	18
___	Caretaker relatives
___	Pregnant women

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B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.230	N/A	___	(4)	Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	N/A	___	(5)	Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	N/A	___	(6)	Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	XX	___	(7)	Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
	N/A	___	(8)	Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
	N/A	___	(9)	Individuals in additional classifications approved by the Secretary as follows:

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Agency\* Citation(s)

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B. Optional Groups Other Than the Medically Needy  
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

     Yes.

XX No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

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B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.230 ~~XX~~ 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.

X (1) All aged individuals.

X (2) All blind individuals.

N/A      (3) All disabled individuals.

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B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.120 ☒ 11.  
435.121  
1902(a)(10) N/A  
(A)(ii)(XI)  
of the Act

Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:
  - \_\_\_ (1) All aged individuals.
  - \_\_\_ (2) All blind individuals.
  - \_\_\_ (3) All disabled individuals.

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

N/A

- |   |     |   |
|---|-----|---|
| — | (4) | Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.                           |
| — | (5) | Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.                          |
| — | (6) | Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.                       |
| — | (7) | Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| — | (8) | Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.   |
| — | (9) | Individuals in additional classifications approved by the Secretary as follows:   |

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

\_\_\_\_ Yes  
XX  
\_\_\_\_ No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

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B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.236  
1902(a)(10)  
(A)(ii)(V)  
of the Act

XX 12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

     The State covers all individuals as described above.

XX The State covers only the following group or groups of individuals:

1902(a)(10)(A)  
(ii) and 1905(a)  
of the Act

  X   Aged  
  X   Blind  
  X   Disabled  
     Individuals under the age of--  
           21  
           20  
           19  
           18  
     Caretaker relatives  
     Pregnant women

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Agency\* Citation(s) Groups Covered

Nevada State Welfare  
Division

B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(e)(3)  
of the Act

/XX

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, & for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10)  
(A)(11)(IX)  
and 1902(1)  
of the Act

/

N/A

14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:

- a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
- b. Infants under one year of age.

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